



Membership Application

***TO BECOME A SONOMA COUNTY HORSE COUNCIL MEMBER INSTANTLY,
PLEASE VISIT SonomaCountyHorseCouncil.org and click the JOIN NOW Button!***

Name _____ Phone _____
Business or Association Name _____
Street Address _____
City _____ State _____ Zip _____
Email _____ Website _____

I am interested in volunteering to help with:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fundraising / Grants | <input type="checkbox"/> Special Events | <input type="checkbox"/> Advertising / Marketing |
| <input type="checkbox"/> Write Articles | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Education / Public Speaking |
| <input type="checkbox"/> Trail Advocacy | <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Publication distribution |
| <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Website | <input type="checkbox"/> _____ |

Membership Category

- ☐ Individual / Family \$30 ☐ Club / Association \$50 ☐ Business \$75 \$ _____
- ☐ Club Affiliate \$10 • I am a member of SCHC Club: _____ \$ _____
- I am a: ☐ New Member ☐ Renewing Member

Donations

- ☐ I would like to donate to SCHC for _____ \$ _____
- TOTAL \$ _____

Payment Options

• Credit Card

Please check one: ☐ Visa ☐ MasterCard

Card # _____ Exp. Date _____ CVC Code (3 #'s on back) _____

Name on Card _____ Billing Zip Code _____

Signature _____

• Check

Please make checks payable to: SCHC and mail with Membership Application Form to the address below.

Sonoma County Horse Council is a 501(c)(3) organization – your contributions may be tax deductible.

Thank you for your support!

Sonoma County Horse Council PO Box 7157 Santa Rosa CA 95407
www.sonomacountyhorsecouncil.org